



**KENTUCKY BOARD OF
EMERGENCY MEDICAL SERVICES**
COMMONWEALTH OF KENTUCKY
2545 LAWRENCEBURG ROAD
FRANKFORT, KENTUCKY 40601
PHONE: 502-564-8963
FAX: 502-564-4687



KBEMS USE ONLY

Date Received: _____

By: _____

CEASE OPERATIONS FORM

License #: _____ Date: _____

Name of Ambulance Service: _____
(As it appears on your Kentucky License)

Address: _____
(Street, City, State, Zip Code)

Ceased Operations Effective Date: _____

Reason: _____

Plans for disposition of licensed vehicle(s): _____

I certify that this service will no longer be operating as a Kentucky Ambulance Provider.

Print Name: _____

Signed: _____

Please return form filled out in its entirety to:

Kentucky Board of Emergency Medical Services
Attn: Tina R. Spradlin
2545 Lawrenceburg Road
Frankfort, Kentucky 40601